

**Family Rights and Grievance Process**  
Arizona Department of Health Services (ADHS)  
Office for Children with Special Health Care Needs (OCSHCN)

Enrollment in the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program, entitles you and your family to the following rights:

- To choose how much you participate, or if you want Family Resource Coordination.
- To be the leader and/or an active member of the Service Plan Team working with you, or your family.
- To receive a written copy of the ADHS Family Rights, with a verbal explanation in a language that you understand.
- To receive notice, within a reasonable amount of time, before a meeting or evaluation takes place and whenever possible for these to be scheduled at a time and place that is convenient for you and your family.
- To give, withhold or withdraw your consent, at any time, in writing, for any supports, evaluations, and services including Family Resource Coordination.
- To be informed about the types of records and information which are kept; to review and/or receive, upon request, a copy of those records.
- To receive a full explanation in a language that you understand; before giving consent, to Family Resource Coordination, any services, assessments, evaluation or supports offered through Family Resource Coordination.
- To have family's names, social security numbers and all other personally identifiable information treated as confidential.
- To request a change of Family Resource Coordinator.
- To receive an explanation in writing when a request for service, support, or change in services is denied. The notice of denial must include the reason for denial and the process to grieve the decision.
- To bring disagreements to the Family Resource Coordinator, his/her supervisor or the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager for resolution.
- To utilize the ADHS/OCSHCN TBI/SCI/CYSHCN formal Grievance Process when informal conflict resolution measures have not been successful.

I acknowledge the ADHS/OCSHCN TBI/SCI/CYSHCN Family Rights, Grievance Process have been explained to me and that I have received a copy. I also understand that this signed copy will be kept on file.

\_\_\_\_\_  
Signature of Member                      DATE

\_\_\_\_\_  
Signature of Parent/Legal Guardian      DATE

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature of Family Resource Coordinator      DATE